WOOD COUNTY, OHIO
Accident/Injury Follow-up & Corrective Action Report

The purpose of this Follow-up & Corrective Action Report is to provide a tool for department supervisors and accident investigators to find underlying causes of an injury, illness, or "near miss" and to document the corrective actions taken. Departments are strongly encouraged to use this form as a method of reducing hazards in their areas and identify system improvements. Employees should understand that accident investigations are not intended to assign blame. See attached **Accident/Injury Investigation Report** for details of the incident.

Employee Name: _____ **Date of injury:** _____

Department: _____ **Classification:** _____

Has the employee been trained on policies/procedures regarding this incident? **Yes** ☐ **No** ☐ **NA** ☐

At the time of the accident/injury, was the employee performing his/her duties in accordance with county policies & procedures? **Yes** ☐ **No** ☐ **NA** ☐

If no, which county policy/procedure was violated? _____

_____

Are additional policy/procedures needed? **Yes** ☐ **No** ☐ **NA** ☐

At the time of the accident/injury, was the employee wearing appropriate personal protective equipment? **Yes** ☐ **No** ☐ **NA** ☐

If yes, what personal protective equipment was used? _____

_____

Was the employee counseled by his/her supervisor regarding their actions? **Yes** ☐ **No** ☐ **NA** ☐

What are your recommendations to prevent similar accidents/injuries? _____

_____

Risk Coordinator's recommendations to prevent similar accidents/injuries: _____

_____

_____

Describe the corrective or preventative action taken to prevent the same accident/injury from occurring in the future.

_____

_____

_____

Corrective action performed by: _____ **on** _____
name date

_____ **on** _____
name date

_____ _____
Supervisor's Signature Department Head Signature

Please return completed form to : Risk Coordinator
Wood County Commissioners' Office
One Courthouse Square
Bowling Green, OH 43402

by: _____
date